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<b>SERIAL NUMBER</b> 10/737,128	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> CHM-010
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## APPLICANTS

Michael John Rutter, Cincinnati, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/433,736 12/16/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## F REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/25/2004

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 28/16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

38155

## TITLE

Tracheotomy endotracheal tube

<b>FILING FEE RECEIVED</b> 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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